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**NEW UTILITY
PATENT APPLICATION
TRANSMITTAL**

(only for new nonprovisional applications under
37 CFR 1.53(b))

| | |
|------------------------|--|
| Attorney Docket Number | 20412-08454 |
| First Named Inventor | Jonathan J. Hull |
| Title | MULTIMEDIA PRINT DRIVER DIALOG INTERFACES |
| Express Mail Label No. | EV 442673635 US |

| APPLICATION ELEMENTS | | ACCOMPANYING APPLICATION PARTS | |
|--|---|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) | | 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | 8. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) | |
| 3. <input checked="" type="checkbox"/> Specification Total Pages 74 | (preferred arrangement set forth below) | 9. <input type="checkbox"/> Power of Attorney or Authorization of Agent | |
| | <input checked="" type="checkbox"/> Descriptive Title of the Invention <input checked="" type="checkbox"/> Cross Reference(s) to Related Case(s) <input checked="" type="checkbox"/> Statement Regarding Fed sponsored R & D <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Summary of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawing(s) <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claim or Claims <input checked="" type="checkbox"/> Abstract of the Disclosure | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 20 | | 11. <input type="checkbox"/> Preliminary Amendment | |
| 5. Oath or Declaration | a. <input checked="" type="checkbox"/> New Declaration Total Pages 4 | 12. <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Citation(s) | |
| | <input checked="" type="checkbox"/> Executed (original or copy) | 13. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 14. <input checked="" type="checkbox"/> Return Postcard | |
| 18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: | | 15. <input type="checkbox"/> | |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 10/081,129 | | 16. <input type="checkbox"/> | |
| Prior application information: Examiner: unknown Group/Art Unit: _____ | | 17. <input type="checkbox"/> | |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | |

19. CORRESPONDENCE ADDRESS

Customer Number

00758

| | | | |
|-------------------|------------------|-----------------------------------|---------|
| Name (Print/Type) | Antonia Sequeira | Registration No. (Attorney/Agent) | 54,670 |
| Signature | | Date | 3/30/04 |

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\\$) 1,314.00**

Complete if Known

| | |
|----------------------|------------------|
| Application Number | Not yet known |
| Filing Date | March 30, 2004 |
| First Named Inventor | Jonathan J. Hull |
| Examiner Name | Not yet known |

Art Unit

Not yet known

Attorney Docket No. **20412-08454**

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

| Fee Code (\$) | Fee | Fee Code (\$) | Fee Description | Fee Paid |
|---------------------|-----|---------------|-----------------|-------------------------------|
| 1001 | 770 | 2001 | 385 | Utility filing fee 770 |
| 1002 | 340 | 2002 | 170 | Design filing fee |
| 4003 | 530 | 2003 | 265 | Plant filing fee |
| 1004 | 770 | 2004 | 385 | Reissue filing fee |
| 1005 | 160 | 2005 | 80 | Provisional filing fee |
| SUBTOTAL (1) | | (\\$) | 770 | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 48 | -20** = 28 | x 18 | = 504 |
| Independent Claims | 2 -3** = | x 86 | = 0 |
| Multiple Dependent | | | |

| Large Entity | Small Entity | Fee Description |
|---------------------|---------------|---|
| Fee Code (\$) | Fee Code (\$) | |
| 1202 | 18 | 2202 9 |
| | | Claims in excess of 20 |
| 1201 | 86 | 2201 43 |
| | | Independent claims in excess of 3 |
| 1203 | 290 | 2203 145 |
| | | Multiple dependent claim, if not paid |
| 1204 | 86 | 2204 43 |
| | | **Reissue independent claims over original patent |
| 1205 | 18 | 2205 9 |
| | | **Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) | | (\\$) 504 |

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------------|---------------|-----------------|--|
| Fee Code (\$) | Fee Code (\$) | | |
| 1051 | 130 | 2051 65 | Surcharge - late filing fee or oath |
| 1052 | 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet |
| 1053 | 130 | 1053 130 | Non-English specification |
| 1812 | 2,520 | 1812 2,520 | For filing a request for ex parte reexamination |
| 1804 | 920* | 1804 920* | Requesting publication of SIR prior to Examiner action |
| 1805 | 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action |
| 1251 | 110 | 2251 55 | Extension for reply within first month |
| 1252 | 420 | 2252 210 | Extension for reply within second month |
| 1253 | 950 | 2253 475 | Extension for reply within third month |
| 1254 | 1,480 | 2254 740 | Extension for reply within fourth month |
| 1255 | 2,010 | 2255 1,005 | Extension for reply within fifth month |
| 1401 | 330 | 2401 165 | Notice of Appeal |
| 1402 | 330 | 2402 165 | Filing a brief in support of an appeal |
| 1403 | 290 | 2403 145 | Request for oral hearing |
| 1451 | 1,510 | 1451 1,510 | Petition to institute a public use proceeding |
| 1452 | 110 | 2452 55 | Petition to revive - unavoidable |
| 1453 | 1,330 | 2453 665 | Petition to revive - unintentional |
| 1501 | 1,330 | 2501 665 | Utility issue fee (or reissue) |
| 1502 | 480 | 2502 240 | Design issue fee |
| 1503 | 640 | 2503 320 | Plant issue fee |
| 1460 | 130 | 1460 130 | Petitions to the Commissioner |
| 1807 | 50 | 1807 50 | Processing fee under 37 CFR 1.17(g) |
| 1806 | 180 | 1806 180 | Submission of Information Disclosure Stmt |
| 8021 | 40 | 8021 40 | Recording each patent assignment per property (times number of properties) |
| 1809 | 770 | 2809 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |
| 1810 | 770 | 2810 385 | For each additional invention to be examined (37 CFR 1.129(b)) |
| 1801 | 770 | 2801 385 | Request for Continued Examination (RCE) |
| 1802 | 900 | 1802 900 | Request for expedited examination of a design application |
| Other fee (specify) _____ | | | |

SUBTOTAL (3) (\\$) 40

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) **Antonia Sequeira** Registration No. (Attorney/Agent) **54,670** Telephone **(650) 335-7185**

Signature

Date

3/30/04